

ENTYVIO (VEDOLIZUMAB) PATIENT REFERRAL AND PRESCRIPTION SHEET

Patient Information					
Patient Name:			Date:		
DOB:			Height:		🗆 inches 🛛 cm
Allergies:			Weight:		🗆 lbs 🖵 kg
Primary Diagnosis					
Diagnosis ICD-10 Diagnosis			ICD-10		
Adult Ulcerative Colitis (UC)	K51.90	Moderate to Severe Crohn's Disease			К50.01
□ Other:					
Medication Order					
 IV Regimen Initial dose: Infuse 300mg IV over at let Maintenance Dose: Infuse 300mg IV over Other					
Ancillary Orders					
 Diphenhydramine: 25mg PO 30 min pre-infusion Acetaminophen: 650mg PO 30 min pre-infusion Famotidine: 20 mg PO x1 dose Other pre-meds: Refill x one year 			 IV Flush Orders: Peripheral: NS 1-3 mL before/after use Implanted VAD: NS 5 to 10 mL before/after use and 10 mL post-lab draw. Heparin (100 unit/mL) 3 to 5 mL final flush CVAD: NS 5 to 10 mL before/after use and 10 mL post-lab draw Heparin (10 units/mL) 3 to 5 mL final flush Refill x one year 		
□ Anaphylaxis Protocol: Epinephrine Auto-Injector dual pack: Adult: 0.3mg Children: 0.15 mg Administer epinephrine IM in the event of anaphylaxis. May repeat x 1 as needed, Call 911. Refill x 1yr					
Therapy Specific Documentation			Other Required Documentation		
 Please include the following lab results required for infusion. CDAI Index Score QuantiFERON-TB Gold Hep B Screening CMP, CBC and LFTs Other: 			 Patient Demographics – include insurance information. We will obtain authorization unless the insurance dictates otherwise. H&P OR progress note(s) Medication List (include prior/failed DMARDS, biologics, or steroid use) 		
Provider Information					
Provider Name:			Provider Phone:		
Provider NPI:			Provider Fax:		

I authorize KabaFusion and its representatives to act as an agent and initiate and execute any insurance prior authorization process for this prescription and any future refills of the same prescription for the patient listed above. I understand that I can revoke this designation at any time by providing written notice to KabaFusion.

Prescriber Signature: ____

Date: _

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Provider Address: